

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 136  
Registered No. 833

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 807 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Ana de Jesus Apodaca { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Sept. 15 1926 Month Day Year

8. FATHER Full name Jose Apodaca

9. Residence 807 Sullivan St (Usual place of abode) If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Acuero de Galena (State or country) Chihuahua Mexico

13. Occupation Miner Nature of Industry \_\_\_\_\_

14. MOTHER Full maiden name Jesus Lechuga

15. Residence 807 Sullivan St (Usual place of abode) If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 44 (Years)

18. Birthplace (city or place) Acuero de Galena (State or country) Chihuahua Mexico

19. Occupation Housewife Nature of Industry \_\_\_\_\_

20. Number of children of this mother 8 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated (Born alive or stillborn)

Signature Rosa Cortez (Physician or midwife)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ Address 708 Sullivan St Month, day, year \_\_\_\_\_

Filed Sept 25, 1926 R. E. J. J. J. Registrar

111-915-131